

LEVEL III PERSONAL CARE
Skills Testing Tools

Intent of Level III Personal Care:

The following material provides parameters for Level III - Personal Care Services as defined in the In-Home Aide Services Standards. It is not intended as a completed Competency Test for a Nurse Aide I, but will provide guidelines for supervisory monitoring of skills. Aides performing this level of service will need to complete the requirements for Nurse Aide I and be registered on the Nurse Aide Registry at the North Carolina Division of Facility Services.

Name of Aide

Social Security Number

Completed Competency Testing
for
In-Home Aide Services

LEVEL III PERSONAL CARE

Demonstrated Skills	Date Completed	Signature
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(Tasks subject to nurse supervision requirements of the Nursing Practice Act.)

1. Assist with Feeding Clients with Special Conditions

2. Give Bed Bath

3. Make Occupied Bed

4. Assist with Mobility/Gait Training Using Assistive Devices

5. Assist with Range of Motion Exercises

6. Assist Limited Function Client with (A) Dressing
(B) With "IV" Line

7. Take/Record Vital Signs (A) Temperature
1. Oral
2. Rectal
(B) Pulse
(C) Respirations
(D) Blood Pressure
(E) Height
(F) Weight

8. Observe, Record and Report Self-administered Medications

9. Assist with Applying/Removing Prosthetic Devices

10. Assist with Applying (A) Ace Bandages
(B) TED's (elastic stockings)
(C) Binders

11. Assist with Scalp Care (A) Chair Shampoo
(B) Bed Shampoo

Name of Aide

Social Security Number

Demonstrated Skills	Date Completed	Signature
12. Care of Toenails for Clients without Diabetes/Peripheral Vascular Disease		
13. Empty/Record Drainage of Catheter Bag		
14. Shave Client with Skin Disorders		
15. Administer Enema		
16. Insert Rectal Tube/Flatus Bags		
17. Bladder/Bowel Retraining		
18. Collect/Test (A) Urine Specimen (B) Stool Specimen		
19. Perineal Care (A) Female		
20. Remove and Apply Condom Catheters		
21. Transfer Techniques (A) Bed to stretcher (B) Bed to chair (using a gait belt) (C) Mechanical lift		
22. Turn and Position (A) Moving the client up in bed using a turn sheet (B) Positioning client on side		
23. Safety Measures (A) Applying Mitt Restraints (B) Applying a Vest Support (C) Applying a Safety Belt		
24. Change Non-Sterile Dressing (Clean Dressing)		
25. Force and Restrict Fluids		
26. Apply Prescribed (A) Heat Compresses (B) Cold Compresses		

Name of Aide

Social Security Number

	Date	
Demonstrated Skills	Completed	Signature
27. Care for Non-Infected Decubitus Ulcer	_____	_____
28. Vaginal Douches	_____	_____
29. Assist with Prescribed Physical/Occupational Therapy	_____	_____
30. Post Mortem Care in the Home	_____	_____
31. Demonstrating A Skill	_____	_____
32. Reinforcing A Skill	_____	_____
33. Assisting with Medical Appointments and Follow Through	_____	_____
34. Planning and Preparing Special Diets	_____	_____
35. Comparison Shopping and Consumer Practices	_____	_____
36. Menu Planning, Food Handling, and Cooking	_____	_____
37. Monitoring/Reinforcing Progress on Protective Service Goals	_____	_____

Demonstrated competencies verified by RN

Signature of Competency Evaluator

Date

Name of Agency/Facility

Address of Agency/Facility

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

1. ASSIST WITH FEEDING CLIENTS WITH SPECIAL CONDITIONS

Aide must meet ____ out of 20 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. <u>Washed hands.</u>		
2. <u>Provided equipment needed.</u>		
- <u>Bedpan/urinal</u>		
- <u>Wash water</u>		
- <u>Oral hygiene items</u>		
3. <u>Offered opportunity to toilet.</u>		
4. <u>Offered oral hygiene care.</u>		
5. <u>Removed unnecessary articles and cleaned surface where food is to be placed.</u>		
6. <u>Positioned client in chair or in high Fowler's position in the bed with head slightly bent forward.</u>		
7. <u>Placed napkin under client's chin.</u>		
8. <u>Placed food on table in front of client (if appropriate) and described the food served.</u>		
9. <u>Buttered bread and cut meat.</u>		
10. <u>Placed hot beverages away from client until he/she is ready for it.</u>		
11. <u>Used different drinking straws for each liquid or used a cup.</u>		
12. <u>Held spoon at a right angle:</u>		
- <u>Tested hot foods by dropping a small amount on the inside of wrist before feeding them to the client.</u>		
- <u>Described or showed client each food given.</u>		
- <u>Gave solid foods from point of spoon.</u>		
- <u>Alternated solids and liquids.</u>		
- <u>If client has had a stroke, offered food to the unaffected side and checked for food stored in the mouth.</u>		
13. <u>Allowed client to assist with eating according to the Service Plan (e.g. holding bread, or eating finger food, etc.)</u>		
14. <u>Used napkin to wipe client's mouth as often as necessary.</u>		

LEVEL III - PERSONAL CARE

1. ASSIST WITH FEEDING CLIENTS WITH SPECIAL CONDITIONS (Continued)

	Date Attempted	Date Completed
Demonstration		
15. Removed dishes as soon as client was finished.		
16. Washed client's hands and face.		
17. Removed any spilled food from clothing and bed linen, etc.		
18. Offered oral hygiene care.		
19. Washed hands.		
20. Documented time, amount and type of food and liquids consumed and client reaction (according to the Service Plan).		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

2. GIVING A BED BATH

Aide must meet ____ out of 29 of the numbered steps in order to be considered competent in this skill.

	Date Attempted	Date Completed		
1. <u>Washed hands.</u>				
2. <u>Put on disposable gloves.</u>				
3. Assembled equipment needed: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> - Bed linen - Bath blanket - Bath basin - Face towel - Lotion, powder - Oral hygiene equipment - Brush and comb - Nail brush, emery board and orangewood </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> - Soap and soap dish - Laundry bag or hamper - Washcloth - Bath towel - Bath thermometer (water temperature should be 105 degrees Fahrenheit) - Clothing to put on client after bathing </td> </tr> </table>	<ul style="list-style-type: none"> - Bed linen - Bath blanket - Bath basin - Face towel - Lotion, powder - Oral hygiene equipment - Brush and comb - Nail brush, emery board and orangewood 	<ul style="list-style-type: none"> - Soap and soap dish - Laundry bag or hamper - Washcloth - Bath towel - Bath thermometer (water temperature should be 105 degrees Fahrenheit) - Clothing to put on client after bathing 		
<ul style="list-style-type: none"> - Bed linen - Bath blanket - Bath basin - Face towel - Lotion, powder - Oral hygiene equipment - Brush and comb - Nail brush, emery board and orangewood 	<ul style="list-style-type: none"> - Soap and soap dish - Laundry bag or hamper - Washcloth - Bath towel - Bath thermometer (water temperature should be 105 degrees Fahrenheit) - Clothing to put on client after bathing 			
4. <u>Assured that there were no drafts from windows, fans, etc. (to prevent chilling the client).</u>				
5. <u>Put linen on chair in order of use. Placed hamper or laundry basket nearby.</u>				
6. <u>Offered bedpan or urinal. Emptied and cleaned before proceeding with bath. Washed hands and replaced gloves.</u>				
7. <u>Lowered the back of the bed and the side rails (if permitted and if using a hospital bed).</u>				
8. <u>Loosened top bed linen. Removed and folded blanket and bedspread. Placed washable (bath) blanket over top sheet, and removed sheet by sliding it out from under the washable (bath) blanket.</u>				
9. <u>Left one pillow under client's head.</u>				
10. <u>Removed client's clothes and placed in laundry basket or hamper. (Assured that client remained covered with bath blanket.)</u>				
11. <u>If client had an IV line in place, clothes were removed without disturbing the IV site or continuous flow of the IV fluids. (See Level III - Competency skill #6.)</u>				
12. <u>Filled bath basin two-thirds full and tested that it is no more than 105 degrees F. If did not use bath thermometer, described method used</u>				

LEVEL III - PERSONAL CARE

2. GIVING A BED BATH (Continued)

Demonstration	Date Attempted	Date Completed
13. Assisted client to move to the side of the bed nearest the aide.		
14. Formed a mitten by folding washcloth around hand.		
15. Washed eyes as follows: <ul style="list-style-type: none"> a. Wet washcloth b. Used separate corners of washcloth for each eye c. Wiped from inside to outside corners of eyes. (Did not use soap around eyes.) 		
16. Used soap on areas of the body per client's request.		
17. Did not leave soap in water.		
18. Washed and rinsed client's face, ears, and neck. Used towel to dry.		
19. Placed towel underneath one arm. Washed, rinsed and dried axilla, arm and hand. Repeat procedure to other arm.		
20. Cleaned client's hands and nails as follows (or according to the care plan, if there are special instructions): <ul style="list-style-type: none"> a. Put hands in basin of water. b. Washed and dried each hand, gently pushing back cuticles with towel while drying fingers. c. Cleaned under nails with orangewood stick. Shaped with emory board. Did not file nails too close. d. Trimmed fingernails according to the service plan or informed supervisor of needed attention. (Did not cut fingernails if client is a diabetic.) 		
21. Proceeded with the bath, by exposing, washing, rinsing and drying one area of the body at a time in the following sequence: <ul style="list-style-type: none"> a. <u>the chest</u> (For female client, dried folds under breasts and applied powder or other skin breakdown prevention care as directed by the service plan or according to agency policy.); b. <u>the abdomen</u> (did not expose pubic area); c. <u>the thigh, leg and foot</u> (Had client flex knee, if possible, placed Towel under leg and foot, placed foot in basin of water, washed thigh, Leg and foot while properly supporting the leg. Dried well between toes.) Repeated process with other leg; d. <u>the toenails</u> (Care for nails according to service plan - See Level III Skills Competency Test #12); 		

LEVEL III - PERSONAL CARE

2. GIVING A BED BATH (Continued)

Demonstration	Date Attempted	Date Completed
<ul style="list-style-type: none"> e. Changed bath water checking for proper water temperature (water may have had to be changed prior to this if the water became too cool or too soapy); f. <u>the neck, back, and buttocks</u> (Assisted client to turn on side, placed towel lengthwise on bed along back and buttocks. Washed back with long, firm strokes, rinsed, dried, and provided a backrub); g. <u>the genitalia</u> (Assisted client to turn on back. Placed towel under buttocks and thighs. Provided client with clean warm water and wash cloth, and allowed client to complete his bath, assisting as needed, ensuring that: <ul style="list-style-type: none"> 1) for female client, washed from front to back, and 2) for male client, the penis, scrotum, and groin area were washed and dried thoroughly.) 		
22. Applied deodorant and powder per client's request or as directed by the client's service plan.		
23. Carried out Range of Motion exercises if included in the care plan. (See Level III Skills Competency Test #5)		
24. Covered pillow with towel. Combed or brushed hair. (See Level II Skills Competency Test #12)		
25. Placed towels and washcloths in dirty laundry basket or hamper.		
26. Dressed client with clean clothing. (See Level III Skills Competency Test #6-A)		
27. Cleaned and stored equipment according to family or client's direction.		
28. Changed the bed linens. (See Level III Skills Competency Test #3)		
29. Removed gloves and washed hands.		
30. Reported to supervisor any difficulties the client had during the bath, or if there were any reddened areas or open skin lesions.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

3. MAKE AN OCCUPIED BED

Aide must meet ____ out of 33 of the numbered steps in order to be considered competent in this skill.

	Date Attempted	Date Completed
Demonstration		

1. Washed hands. _____

2. Put on gloves. _____

3. Collected the following linen:

a. Mattress pad (if needed) b. Bottom sheet c. Plastic drawsheet (if needed) d. Drawsheet	e. Top sheet f. Blanket and/or bedspread g. Pillowcase(s)
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4. Loosened top linens at the foot of the bed. _____

5. Removed top covers except for top sheet. _____

6. Placed the clean sheet over top sheet. Had the client hold the top edge of the clean sheet, if he is able. Slide the soiled sheet out, from top to bottom, and put it in hamper. _____

7. Instructed or turned client onto left side of bed taking adequate precautionary measures to prevent client from rolling off bed (e.g. side rails, another person supporting client on left side of bed, etc.). _____

8. Adjusted pillow under head for comfort of client. _____

9. Loosened bottom linens from the head to the foot of the bed. _____

10. Fan-folded soiled bottom linens one at a time toward the client. (Fan-folded mattress pad if needed to be changed.) _____

11. Placed the bottom sheet on the mattress pad lengthwise so the center is in the middle of the bed. Fan-folded the top part toward the client. _____

12. Made a mitered corner at the head of the bed. Tucked the sheet under the mattress from the head to the foot of the bed. (If using a fitted sheet, adequately secured each corner and fan-folded sheet towards center of bed.) _____

13. Placed a drawsheet on the bottom sheet. Fan-folded the top part toward the client. Tucked the excess drawsheet under the mattress. _____

14. Instructed or turned client to the right side of bed. (Followed safety precautions.) _____

15. Adjusted pillow under head for comfort of client. _____

LEVEL III - PERSONAL CARE

3. MAKE AN OCCUPIED BED (Continued)

Demonstration	Date Attempted	Date Completed
16. Loosened bottom linens. Removed each piece of used linen.		
17. Straightened and smoothed the mattress pad.		
18. Pulled the clean bottom sheet toward the aide. Made a mitered corner at the head of the bed. Tucked the sheet under the mattress from the head to the foot of the bed (adapted, if used fitted sheet).		
19. Pulled the drawsheets tight and tucked under mattress.		
20. Asked client to move or turned client to the center of the bed.		
21. Adjusted pillow for the client's comfort.		
22. Put the top sheet on the bed. (Hem stitching was on the outside.)		
23. Asked client to hold top sheet. Removed blanket or sheet covering client.		
24. Placed the blanket on the bed over client. The upper hem was 6 to 8 inches from the top of the mattress.		
25. Placed the bedspread on the bed. Covered the client.		
26. Brought the top sheet down over the bedspread to form a cuff.		
27. At the foot of the bed, lifted the mattress corner with one arm. Tucked the top sheet, blanket, and bedspread under the mattress together. Made a mitered corner. (Loosened linen to allow for movement of client's feet.)		
28. Followed procedure as described in step #27 on other side of bed.		
29. Changed the pillowcase(s).		
30. Asked the client if bed is comfortable.		
31. Removed dirty linens from the room.		
32. Removed and disposed of gloves properly.		
33. Washed hands.		

Signature of Competency Evaluator

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LEVEL III - PERSONAL CARE

4. ASSIST WITH MOBILITY/GAIT TRAINING USING ASSISTIVE DEVICES

Aide must meet ____ out of 20 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
1. Washed hands.		
2. Assembled equipment needed: a. Cane b. Walker c. Transfer (Gait) belt		
3. Checked walker or cane for worn areas or loose parts. Checked rubber tips and rubber hand grips for inadequate tread or cracked or worn areas. Placed the cane or walker close by client.		
4. Lowered bed to lowest horizontal position.		
5. Instructed client to turn on his side toward you. Provided only the assistance that was necessary.		
6. Placed one arm under client's shoulders and the other around the top of client's knees.		
7. Instructed client to use his arms to raise up. At the same time, raised client's shoulders by placing forearms under arm and moved legs off bed. Assisted client to a sitting position.		
8. Assisted client, as necessary, to dress and put on sturdy, nonslip shoes.		
9. Applied the transfer (gait) belt, if necessary.		
10. Instructed client to lean slightly forward and put feet slightly back.		
11. Stood in front of client and placed both hands in the gait belt with an underhand grasp.		
12. Blocked client's feet with aide's own feet to prevent them from sliding out.		
13. Instructed client to "push off" the bed with hands. Assisted client to stand.		
14. Handed client the cane or placed the walker in front of him within reach.		

LEVEL III - PERSONAL CARE

4. ASSIST WITH MOBILITY/GAIT TRAINING USING ASSISTIVE DEVICES (Continued)

Demonstration	Date Attempted	Date Completed
15. Checked for a 30 degree angle of elbow once client had hands placed on the cane or walker.		
16. Instructed client to use cane on strong side, advancing the cane 10 to 18 inches followed by weaker leg and then strong leg.		
17. When using a walker, had client advance the walker about 10 to 18 inches. Client then moved weaker leg forward into the walker, followed by the stronger leg.		
18. If client had gait belt on, aide stood on the client's weaker side and slightly in back, with hands in the belt.		
19. After ambulation, returned client to bed or chair. Had client walk within a step of the bed or chair.		
20. Placed the cane or walker to the side and assisted client to turn around.		
21. When client felt the bed or chair touching the back of his legs, aide had him reach for the arms of the chair or the mattress and lower himself into the chair or bed.		
22. Removed gait (transfer) belt.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

5. ASSIST WITH RANGE OF MOTION EXERCISES

Aide must meet ____ out of 22 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Obtained blanket.		
3. Lowered side rail (if used).		
4. Positioned client in supine position. Made sure body was in good alignment.		
5. Covered client with blanket.		
6. Exercised neck: a. Placed hands over client's ears to support the head. b. Flexed the neck by bringing the head forward so chin touched chest. c. Extended neck by straightening head. d. Hyperextended neck by bringing the head backward until chin up. e. Rotated neck by turning head from side to side. f. Moved head from right and to left for lateral flexation. g. Repeated 5-6 times.		
7. Exercised shoulder: a. Grasped client's wrist with one hand and elbow with the other. b. Flexed shoulder by raising arm straight in front and over client's head. c. Extended shoulder by bringing arm down to client's side. d. Hyperextended shoulder by moving arm behind body. e. Abducted shoulder by moving straight arm away from side of the body. f. Adducted shoulder by moving straight arm to the side of body. g. Rotated shoulder internally by bending elbow and placing it at the same level as the shoulder. Moved forearm down toward body. h. Rotated shoulder externally by moving forearm toward head. i. Repeated 5-6 times.		
8. Exercised the elbow: a. Grasped client's wrist with one hand and the elbow with the other. b. Flexed elbow by bending arm so that shoulder was touched. c. Extended elbow by straightening arm. d. Repeated 5-6 times.		

LEVEL III - PERSONAL CARE

5. ASSIST WITH RANGE OF MOTION EXERCISES (Continued)

Demonstration	Date Attempted	Date Completed
9. Exercised forearm: a. Turned client's hand so palm was down for pronation. b. Supinated the joint by turning the palm up. c. Repeated 5-6 times.		
10. Exercised wrist: a. Held client's wrist with both hands. b. Flexed wrist by bending hand down. c. Extended wrist by straightening hand. d. Hyperextended wrist by bending the hand back. e. Turned hand toward thumb for radial flexion. f. Turned hand toward little finger for ulnar flexation. g. Repeated 5-6 times.		
11. Exercised thumb: a. Held client's hand with one hand and thumb with the other. b. Abducted the thumb by moving it out from inner part of index finger. c. Adducted thumb by moving it back next to index finger. d. Touched each finger tip with client's thumb to achieve opposition. e. Flexed thumb by bending it into client's hand. f. Extended thumb by moving it out to the side of the fingers. g. Repeated 5-6 times.		
12. Exercised fingers: a. Abducted fingers by spreading them and the thumb apart. b. Adducted the fingers by bringing the fingers and thumb together. c. Extended fingers by straightening them so that fingers, hand, and arm are straight. d. Flexed fingers to make a fist. e. Repeated 5-6 times.		
13. Exercised the hip: a. Placed the hand under the client's knee and the other under the ankle to support the leg. b. Flexed hip by raising leg. c. Extended hip by straightening leg. d. Abducted hip by moving leg away from body. e. Adducted hip by moving leg toward the body. f. Rotated hip internally by turning leg inward. g. Rotated hip externally by turning leg outward. h. Repeated 5-6 times.		

LEVEL III - PERSONAL CARE

5. ASSIST WITH RANGE OF MOTION EXERCISES (Continued)

Demonstration	Date Attempted	Date Completed
14. Exercised knee: a. Placed one hand under knee and one hand under ankle to support the leg. b. Flexed knee by bending leg. c. Extended knee by straightening the leg. d. Repeated 5-6 times.		
15. Exercised ankle: a. Placed one hand under foot and other under ankle to support the part. b. Dorsiflex the foot by pulling it forward and pushing down on the heel at the same time. c. Plantar flexed the ankle by turning the foot down or pointing the toes. d. Repeated 5-6 times.		
16. Exercised the foot: a. Turned outside of foot up and inside down to pronate foot. b. Turned inside of foot up and outside down to supinate the foot. c. Repeated 5-6 times.		
17. Exercised the toes: a. Flexed the toes by curling them. b. Extended toes by straightening them. c. Abducted toes by pulling them together. d. Repeated 5-6 times.		
18. Repeated steps 8-18 on other side.		
19. Made sure client was comfortable.		
20. Returned top linens to proper position. Raised side rail and lowered bed to lowest position, if applicable.		
21. Washed hands.		

LEVEL III - PERSONAL CARE

5. ASSIST WITH RANGE OF MOTION EXERCISES (Continued)

Demonstration	Date Attempted	Date Completed
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22. Documented the following:
- a. The date exercises performed.
 - b. The joints exercised.
 - c. Any complaints of pain, stiffness, or spasms.
 - d. Number of times the exercises were performed.
 - e. Degree to which patient participated

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

6-A. ASSIST LIMITED FUNCTION CLIENT WITH DRESSING

Aide must meet ____ out of 7 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. Washed hands.		
2. Allowed client to choose clothing to be worn or aide selected appropriate clothing.		
3. Provided privacy.		
4. Removed clothing from strong or "good" side first and then from weak side.		
5. Put clean clothing on weakest side (contracted or immobilized limb, etc.) and then strong side.		
6. Put clothing on in the order that client directed, assuring that client was neat, clean and comfortably dressed for the client's daily activities.		
7. Assured that client was appropriately dressed for the weather, if going outside.		

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

6-B. ASSISTING CLIENT WITH AN "IV" LINE WITH DRESSING

Aide must meet ____ out of 12 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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If assisting a client with an IV line with undressing, the following steps must be followed to prevent disturbing the IV site or the continuous flow of IV fluids:

1. Removed clothes from opposite side of body toward arm with IV line in place.

2. Gathered gown at arm and slipped downward over arm and line. (Did not disturb IV line.)

3. Gathered material of gown or shirt in one hand forming a tunnel - preventing any pull or pressure on the line.

4. With free hand, lifted IV fluids from the IV pole and slipped gown or shirt over the IV fluid container. (Did not lower IV fluid container but raised the article of clothing.) Replaced IV fluid container on IV pole.

5. Assisted client, as needed, to remove the remainder of clothes.

To dress client, the following steps must be followed if the gown or shirt is to go over the arm with the IV:

6. Gathered the sleeve on the IV side in one hand.

7. Lifted the IV fluid container free of the IV pole, maintaining height.

8. Slipped the IV container through the sleeve from the inside and hung the container back on the IV pole.

9. Guided the gown or shirt along the IV tubing to bed.

10. Slipped gown or shirt over hand. Did this very carefully so as not to disturb the infusion site.

11. Positioned gown or shirt on infusion arm. Then inserted other arm in opposite sleeve.

12. Assisted client as needed to complete dressing.

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

7-A. TAKE/RECORD TEMPERATURE

1. ORAL TEMPERATURE

Aide must meet ____ out of 14 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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1. Washed hands. Put on gloves according to agency's policy.
2. Collected equipment:
 - a. Thermometer
 - b. Tissue or cotton balls
 - c. Rubbing alcohol or hydrogen peroxide
 - d. Pad and pencil.
3. Washed the oral thermometer with cold water and wiped with rubbing alcohol or hydrogen peroxide.
4. Checked thermometer for cracks.
5. Shook down the thermometer below 95 degrees Fahrenheit.
6. Placed the bulb end of the thermometer under the tongue.
7. Left the thermometer under the tongue for approximately three (3) to five (5) minutes.
8. Removed the thermometer. Wiped thermometer with a tissue or a cotton ball from stem to bulb.
9. Read the thermometer correctly, (one-tenth to two-tenths degree discrepancy allowed).
10. Recorded and reported date, time, and temperature according to agency's policy.
11. Shook down the thermometer.
12. Washed the thermometer (using hydrogen peroxide or rubbing alcohol) and returned thermometer to a safe place.
13. Washed hands.
14. Reported temperature according to agency policy or service plan.

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

7-A. TAKE/RECORD TEMPERATURE (Continued)
2. RECTAL TEMPERATURE

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Provided privacy.		
3. Assembled equipment: a. Rectal thermometer with container b. Lubricant c. Tissues d. Pad and pencil e. Watch with second hand f. Disposable gloves g. Container with disinfectant. h. Container for soiled tissues and gloves.		
4. Assisted client to turn on side, assuring client safety at all times.		
5. Placed small amount of lubricant on tissue.		
6. Put on gloves. Removed thermometer from container by holding stem end. Read mercury column. Checked thermometer for cracks and that it read below 96 degrees F.		
7. Applied small amount of lubricant to bulb with tissue.		
8. Folded the top bedclothes back to expose anal area.		
9. Separated buttocks with one hand. Inserted thermometer gently into rectum 1-1/2 inches. Held in place. Replaced bedclothes as soon as thermometer was inserted.		
10. Thermometer remained inserted for five (5) minutes.		
11. Removed thermometer, holding by stem. Wiped from stem toward bulb end.		
12. Discarded tissue in proper container.		
13. Read thermometer accurately. Recorded reading on pad.		
14. Wiped lubricant from patient. Discarded tissue in proper container.		
15. Washed thermometer in cold water and soap. Rinsed, dried and returned it to container with disinfectant.		

LEVEL III - PERSONAL CARE

- 7-A. TAKE/RECORD TEMPERATURE
2. RECTAL TEMPERATURE

	Date Attempted	Date Completed
Demonstration		

16. Removed and disposed of gloves in proper container.

17. Reported temperature according to agency policy or service plan.

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

7-B. TAKE/RECORD PULSE

Aide must meet ___ out of 8 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. Watch with second hand b. Paper and pen.		
3. Located the radial pulse with middle three fingers.		
4. Counted radial pulse for 30 seconds or for one full minute, if pulse was irregular.		
5. Multiplied number counted by two if pulse was taken for 30 seconds.		
6. Recorded date, time and pulse rate, irregular beats, etc. according to the service plan and/or agency policy.		
7. Washed hands.		
8. Reported pulse according to agency policy or service plan.		

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Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

7-C. TAKE/RECORD RESPIRATIONS

Aide must meet ____ out of 10 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Continued to hold client's wrist after taking radial pulse. Kept stethoscope to chest if apical pulse was taken.		
2. Did not tell client respirations were being counted.		
3. Began counting when chest rose. Counted each rise and fall of chest as one respiration.		
4. Observed if respirations were regular and equal. Noted depth and if client had any pain or difficulty in breathing.		
5. Counted respirations for 30 seconds. Multiplied by two.		
6. Counted for one (1) full minute, if infant, or if respirations are abnormal or irregular.		
7. Made sure client was comfortable.		
8. Washed hands.		
9. Reported to nurse (as soon as possible) if: a. Respiration rate was outside of rates outlined in the care plan. b. Respirations were unequal, shallow, etc. c. Respirations were regular or irregular. d. Client had any pain or difficulty breathing. e. Any respiratory noises. f. Any abnormal patterns.		
10. Recorded respiratory rate according to agency policy or service plan.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

7-D. TAKE/RECORD BLOOD PRESSURE

Aide must meet ___ out of 19 of the numbered steps in order to be considered competent in this skill.

Demonstration		Date Attempted	Date Completed
1.	Washed hands.		
2.	Collected equipment: a. Sphygmomanometer b. Stethoscope c. Alcohol Wipes		
3.	Cleaned earpiece and diaphragm of stethoscope with alcohol wipes.		
4.	Positioned client's arm so that it was at the level of the client's heart.		
5.	Exposed the upper arm.		
6.	Squeezed the cuff to expel any remaining air. Closed the thumb valve.		
7.	Located the brachial artery.		
8.	Placed the arrow marking on the cuff over the brachial artery. Wrapped the cuff around the arm at least one inch above the elbow.		
9.	Placed the manometer on a flat surface (or attached to hook on cuff).		
10.	Placed the earpieces in ears.		
11.	Placed the diaphragm of the stethoscope over the brachial artery.		
12.	Quickly inflated the cuff until gauge registers 180 mm/Hg or 20 mm/Hg above palpated systolic pressure.		
13.	Deflated the cuff slowly by turning valve of bulb counterclockwise.		
14.	As cuff is deflated, listened and noted on gauge the first heart sound.		
15.	Continued to release air pressure slowly until heard an abrupt change in the sound from very loud to a soft muffled sound (or noted on gauge the last sound heard).		

LEVEL III - PERSONAL CARE

7-D. TAKE/RECORD BLOOD PRESSURE (Continued)

Demonstration		Date Attempted	Date Completed
16.	Rapidly deflated cuff and removed, expelled air from the cuff, and replaced apparatus.		
17.	Cleaned earpieces and bell of stethoscope with alcohol wipes.		
18.	Waited at least one (1) minute if it was necessary to repeat the procedure on the same arm.		
19.	Recorded and reported blood pressure according to agency policy or service plan.		

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

7-E. TAKE/RECORD HEIGHT

Aide must meet ____ out of 13 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. Portable height measurement rod b. Paper towels c. Paper and pen		
3. Placed paper towels on floor or scale platform.		
4. Asked client to remove shoes. Provided assistance.		
5. Raised height measurement rod.		
6. Assisted client to stand on paper towels.		
7. Assisted client to stand very straight.		
8. Lowered height measurement rod until it rested on client's head.		
9. Recorded height on paper.		
10. Helped client to put on shoes.		
11. Made sure client was comfortable.		
12. Washed hands.		
13. Recorded height according to agency policy or service plan.		

Signature of Competency Evaluator	Date
Signature of In-Home Aide	Date

LEVEL III - PERSONAL CARE

7-F. TAKE/RECORD WEIGHT

Aide must meet ___ out of 10 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. Portable scale b. Paper and pen		
3. Provided privacy.		
4. Asked client to remove any heavy clothing and shoes.		
5. Assisted client to stand on scale platform (placed paper towel on platform if scales are used by others). Had client stand with arms at sides.		
6. Viewed weight reading.		
7. Recorded weight reading.		
8. Assisted client to redress.		
9. Washed hands.		
10. Reported weight according to agency policy or service plan.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

8. OBSERVE, RECORD, AND REPORT SELF-ADMINISTERED MEDICATION

Aide must meet ____ out of 11 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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1. Reminded client of designated times to take medication according to the client's service plan.

2. Washed hands.

3. Took to client (if necessary):
- a. Containers with medication
 - b. Teaspoon or tablespoon
 - c. Glass of water or other cool liquid
 - d. Straw
 - e. Tissues or cotton balls
 - f. Equipment for handwashing

4. Helped client to wash hands, as needed.

5. Allowed for privacy (as needed).

6. Placed medication containers within the client's reach.

7. Client confirmed that it was the correct medication. (Be sure client has eye glasses, if needed.)

8. Loosened container lids, as needed.

9. Observed client taking medication(s) as indicated on service plan. Reported discrepancies to supervisor.

10. Noted and reported the following:
- a. The medication taken, the time, and the route.
 - b. Any difficulties the client had in taking the medication e.g. difficulty in swallowing, hand tremors, etc..
 - c. Any complaints or "side effects" mentioned by client.

11. Returned medication containers to their proper place.

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

EVEL III - PERSONAL CARE

9. ASSISTING WITH APPLYING AND REMOVING PROSTHETIC DEVICES

Aide must meet ___ out of 7 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
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This task is client specific and must be demonstrated by an aide assigned to perform the application of each prosthetic device on a specific client.

Client's Name _____

1. Prosthetic device applied:

- a. Leg brace
- b. Leg splints
- c. Prosthetic limb
- d. Eye prosthesis
- e. Hearing device
- f. Other _____

2. Provided skin care according to the client's service plan.

3. Assisted in applying wraps according to the client's service plan.

4. Assisted client with proper positioning and securing of prosthetic device according to the client's service plan.

5. Laundered soiled wraps per client's directions or by manufacturer's instruction.

6. Assisted client with cleaning and inserting eye prosthesis as directed by the client's service plan (if applicable).

7. Reported skin changes to supervisor.

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

10-A. ASSISTING WITH APPLYING ACE (ELASTIC) BANDAGES

Aide must meet ____ out of 12 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands		
2. Collected equipment a. Ace (elastic) bandage determined by nurse b. Tape, metal clips, or safety pins		
3. Assisted client to comfortable position. Exposed extremity to be bandaged.		
4. Made sure area was clean and dry.		
5. Held bandage so that roll was up and loose end on the bottom.		
6. Applied bandage to smallest part of extremity to be bandaged.		
7. Made two (2) circular turns around the part of the extremity to be bandaged.		
8. Made overlapping spiral turns in an upward direction. Each turn should overlap about two-thirds of the previous turn.		
9. Applied bandage smoothly with firm, even pressure. Bandage should not be tight.		
10. Pinned, taped, or clipped the end of bandage to hold it in place.		
11. Checked fingers or toes for coldness or cyanosis. Also checked for client complaints of pain, numbness, or tingling. Removed bandage if any of these were noted. Reported observations to nurse as soon as possible.		
12. Washed hands.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

10-B. ASSISTING WITH APPLYING TED's (ELASTIC STOCKINGS)

Aide must meet ____ out of 9 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Assisted client to lie down.		
3. Gathered up the stocking in hands.		
4. Supported the client's foot at the heel. Slipped the foot of the stocking over the client's toes, foot, and heel.		
5. Pulled the stocking smoothly up over the leg.		
6. Repeated procedure to other leg.		
7. Checked for proper fit of stocking.		
8. Checked for discoloration or coolness of toes. (Removed stocking if symptoms appeared or client complained of discomfort.)		
9. Recorded date, time, problems, complaints, and interventions according to agency policy and procedures.		

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

10-C. ASSISTING WITH APPLYING BINDERS

Aide must meet ___ out of 8 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Applied the binder so that firm even pressure is exerted over the area.		
3. Kept the body in good alignment.		
4. Reapplied binder if loose, wrinkled, out of position, or causing discomfort.		
5. Did not fasten pins or velcro over incision.		
6. Changed binders that were moist or soiled.		
7. Removed binder at client's request. Reported (as soon as possible) to nurse if client refused to wear binder.		
8. Recorded procedure according to agency policy.		

Signature of Competency Evaluator	Date
Signature of In-Home Aide	Date

LEVEL III - PERSONAL CARE

11-A. ASSIST WITH SCALP CARE (CHAIR SHAMPOO)

Aide must meet ____ out of 27 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. Two bath towels b. Face towel or washcloth folded lengthwise. c. Shampoo d. Hair conditioner, if requested e. Pitcher or hand-held nozzle f. Comb and brush g. Hair dryer (if available)		
3. Put on gloves (according to agency policy).		
4. Arranged the equipment in a convenient location.		
5. Positioned the client in front of the sink.		
6. Placed a bath towel across the shoulders or across the pillow under the client's head.		
7. Brushed and combed hair thoroughly to remove snarls and tangles. (See Level II Skills Competency Test #12)		
8. Obtained supply of warm water or used sink faucet/hose.		
9. Asked client to hold the face towel or washcloth over the eyes.		
10. Applied water to hair until it was completely wet. Used pitcher or nozzle.		
11. Applied a small amount of shampoo.		
12. Worked up a lather with both hands. Started at the hairline and worked toward the back of head.		
13. Massaged the scalp by applying pressure with fingertips.		

LEVEL III - PERSONAL CARE

11-A. ASSIST WITH SCALP CARE (CHAIR SHAMPOO) (Continued)

Demonstration	Date Attempted	Date Completed
14. Rinsed the hair with water.		
15. Repeated steps 11-13.		
16. Rinsed the hair thoroughly.		
17. Applied conditioner, if desired, and rinsed as directed on the container.		
18. Wrapped the client's head with a bath towel.		
19. Dried his or her face with the towel or washcloth used to protect eyes.		
20. Helped the client raise head (if appropriate).		
21. Rubbed the hair and scalp with the towel. Used the second towel if the first one became excessively wet.		
22. Combed the hair to remove snarls and tangles.		
23. Dried hair as quickly as possible.		
24. Assisted client to desired location.		
25. Cleaned and returned equipment to its proper place.		
26. Removed gloves and washed hands according to agency policy.		
27. Recorded date, time, and place where the shampoo was given (sink, shower, tub, etc.), and client's tolerance of procedure. Reported to nurse, as soon as possible, any problems noted regarding client's tolerance of the procedure.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

11-B. ASSISTING WITH SCALP CARE (BED SHAMPOO)

Aide must meet ____ out of 30 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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1. Washed hands.
2. Assembled equipment:
 - a. Shampoo
 - b. Washcloths
 - c. 3 bath towels
 - d. Bath blanket
 - e. Safety pin
 - f. Waterproof covering for pillow
 - g. Large basin to collect used water
 - h. Hair dryer (if available)
 - i. Hairbrush and comb
 - j. Small empty pitcher or cup
 - k. Larger pitcher of water (115 degrees F.)
 - l. Shampoo tray - (plastic sheeting that has the top and two sides rolled forming a drain may be used if regular tray is not available)
3. Put on gloves (according to agency policy).
4. Placed large, empty basin on floor under spout of shampoo tray.
5. Arranged on bedside table within easy reach:
 - a. Pitcher of water (115 degrees F.)
 - b. Washcloth
 - c. Shampoo
 - d. 2 bath clothes
 - e. Empty pitcher
6. Replaced top bedding with a washable (bath) blanket.
7. Safely positioned client at side of bed.
8. Replaced pillowcase with waterproof covering.
9. Covered head of bed with bed protector. (Protector was placed under shoulders of client.)
10. Loosened clothing around neck.
11. Placed towel under client's head and shoulders. Brushed hair free of tangles, working snarls out carefully.
12. Brought towel down around client's neck and shoulders and pinned. Positioned pillow under shoulders so that head is tilted slightly backward.

LEVEL III - PERSONAL CARE

11-B. ASSISTING WITH SCALP CARE (BED SHAMPOO) (Continued)

Demonstration	Date Attempted	Date Completed
13. Raised bed to high horizontal position, if applicable.		
14. Raised client's head and positioned shampoo tray so that drain is over the edge of bed directly above basin.		
15. Gave client washcloth to cover eyes.		
16. Using the small pitcher, poured a small amount of water over hair until thoroughly wet. Used one hand to help direct the flow away from the face and ears.		
17. Applied a small amount of shampoo, working up a lather. Worked from scalp to hair ends.		
18. Massaged scalp with tips of fingers. Did not use fingernails.		
19. Rinsed thoroughly, pouring from hairline to hair tips. Directed flow into drain. Used water from pitcher, checking water temperature before using.		
20. Repeated the procedure a second time.		
21. Lifted client's head. Removed tray and bed protector. Adjusted pillow and slipped a dry bath towel underneath head.		
22. Placed tray on basin. Wrapped hair in towel. Dried face, neck, and ears as needed.		
23. Dried hair with towel. (May use of a portable hair dryer if available. If used hair dryer, did not put it too close to the client's hair.)		
24. Combed hair appropriately. Removed protective pillow cover. Replaced with cloth cover.		
25. Replaced bedding as needed. Removed washable (bath) blanket.		
26. Lowered height of bed (if applicable).		
27. Helped client assume a comfortable position.		
28. Cleaned and returned equipment to its proper place		
29. Removed gloves and washed hands according to agency policy.		

LEVEL III - PERSONAL CARE

11-B. ASSISTING WITH SCALP CARE (BED SHAMPOO) (Continued)

<u>Demonstration</u>		<u>Date Attempted</u>	<u>Date Completed</u>
30.	Recorded date, time, and place where the shampoo was given, and client's tolerance of procedure. Reported to nurse, as soon as possible, any problems noted regarding client's tolerance of the procedure.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

12. CARE OF TOENAILS FOR CLIENTS WITHOUT DIABETES/PERIPHERAL VASCULAR DISEASE

Aide must meet ____ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Checked with nurse and client's service plan before performing this procedure.		
2. Washed hands.		
3. Put on gloves.		
4. Assembled equipment: a. Wash basin e. Disposable bed protector b. Soap f. Bath towel/washcloth c. Bath mat g. Orangewood stick d. Lotion		
5. If permitted, assisted client out of bed and into a chair.		
6. Placed bath mat on floor in front of client.		
7. Filled basin with warm water (105 degrees F.) Put basin on bath mat.		
8. Removed shoes, slippers, socks etc. and assisted client to place feet in water. Covered with bath towel to help retain heat.		
9. Allowed client to soak feet approximately 20 minutes. Added warm water, as necessary, lifting feet out of water while warm water is being added.		
10. At end of soak period: a. Washed feet with soap. b. Used washcloth to scrub roughened areas. c. Rinsed and dried. d. Noted any abnormalities like corns, callouses, discolorations, and broken skin areas etc.		
11. Removed basin, covering feet with towel.		
12. Used the orangewood stick gently to clean toenails. If nails are long and need to be cut, reported this fact to the nurse.		

LEVEL III - PERSONAL CARE

12. CARE OF TOENAILS FOR CLIENTS WITHOUT DIABETES/PERIPHERAL VASCULAR DISEASE (Continued)

		Date	Date
Demonstration		Attempted	Completed
13.	Dried feet.		
14.	Poured lotion into palms of hands. Warmed lotion in hands before applying to client's feet and toes. Did not apply lotion between client's toes.		
15.	Assisted client with shoes and socks as needed.		
16.	Cleaned and replaced equipment to proper storage place.		
17.	Reported and recorded procedure according to agency policy.		

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Date

LEVEL III - PERSONAL CARE

13. EMPTY/RECORD DRAINAGE OF CATHETER BAG

Aide must meet ____ out of 12 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Put on gloves.		
3. Obtained graduate identified as client's.		
4. Positioned graduate so urine could be collected when drain was opened.		
5. Opened clamp on the drain.		
6. Allowed all urine to drain into graduate, noting color, odor and consistency of urine.		
7. Closed clamp. Replaced clamped drain in holder on the bag.		
8. Accurately measured urinary output.		
9. Recorded time and amount on I&O record.		
10. Rinsed graduate.		
11. Removed gloves and washed hands.		
12. Reported observations to nurse (e.g. abnormal color, odor or particles in the urine, etc.)		

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Date

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Date

LEVEL III - PERSONAL CARE

14. SHAVE CLIENT WITH SKIN DISORDERS

Aide must meet ____ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Placed towel on work area and assembled the following equipment: a. Basin with water e. Shaving cream or soap b. Towel and washcloth f. Shaving brush (if needed) c. Safety razor g. Aftershave lotion (as prescribed) d. Mirror h. Tissues		
3. Put on disposable gloves.		
4. Inspected for skin dryness, rashes, redness, bruising, raised areas, or tenderness. Noted any drainage from surgical incisions, lacerations or abrasions.		
5. Reported to nurse before proceeding, if any of the above conditions are recent or have changed since last visited client. (Nurse may want to assess condition before client is shaved.)		
6. Gently proceeded with shaving client, according to the service plan, if client's chronic skin condition(s) has been assessed previously.		
7. Placed face towel across client's chest.		
8. Moistened face and applied lather.		
9. Started in front of the ear: a. Held skin taut. b. Brought razor down over cheek toward chin. c. Repeated until lather on cheek is removed and area has been shaved. d. Repeated on other cheek. e. Shaved chin carefully. (Had the client tense the area to smooth out the tissue.) f. Asked client to raise chin. Lathered and shaved neck area on each side, bringing razor up toward chin. g. Used firm, short strokes. Avoided any injury to the skin.		
10. Washed face and neck. Dried thoroughly.		

LEVEL III - PERSONAL CARE

14. SHAVE CLIENT WITH SKIN DISORDERS (Continued)

Demonstration		Date Attempted	Date Completed
11.	Applied aftershave lotion or powder if client requested and if not contraindicated for client's skin disorder.		
12.	Followed the service plan for care of the client's skin disorder.		
13.	If the skin was nicked: a. Applied pressure directly over the area. b. Applied an antiseptic. c. Reported incident to nurse.		
14.	Cleaned equipment and stored in proper place.		
15.	Disposed of gloves according to agency policy.		
16.	Washed hands.		
17.	Recorded date, time, condition of area shaved and client's reaction to procedure according to agency policy.		

Signature of Competency Evaluator

Date

Signature of In-Home Aide

Date

LEVEL III - PERSONAL CARE

15. ADMINISTER ENEMA (Cleansing - SSE)

Aide must meet ____ out of 47 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Checked service plan for order of enema.		
2. Explained procedure to client.		
3. Washed hands.		
4. Assembled equipment: a. Bedpan or bedside commode b. Disposable enema kit c. Waterproof bed protector d. Water-soluble lubricant e. Disposable gloves f. Material for enema solution (5 ml castile soap or 2 tsp.salt) g. Toilet tissue h. Washable (bath) blanket i. IV pole or hook (if available) j. Large measuring container k. Robe and slippers l. Paper towels		
5. Provided privacy.		
6. Raised bed to level appropriate for good body mechanics (if able).		
7. Lowered side rail (if applicable). Ensured client's safety.		
8. Covered client with washable (bath) blanket.		
9. Positioned IV pole (or hook) so enema bag was 12" above anus.		
10. Raised side rail (if applicable).		
11. Prepared enema: a. Closed clamp on enema tubing b. Adjusted water flow from faucet until water was lukewarm c. Filled large measuring container with water to the 1000 ml mark for adults (500 ml for children) d. Prepared enema solution by adding soap - 5 ml castile soap or 2 tsp. salt e. Gently stirred solution f. Sealed top of enema bag and hung enema bag on IV pole (or hook)		
12. Put on disposable gloves.		

LEVEL III - PERSONAL CARE

15. ADMINISTER ENEMA (Cleansing - SSE) (Continued)

Demonstration	Date Attempted	Date Completed
13. Lowered side rail (if applicable).		
14. Positioned client in left Sim's position.		
15. Placed waterproof pad under buttocks.		
16. Draped client to expose anal area.		
17. Placed bedpan behind the client.		
18. Positioned enema tubing inside bedpan. Opened clamp. Allowed solution to flow through tubing. Clamped tubing.		
19. Lubricated tubing with water-soluble lubricant 2-4" from the tip of tube.		
20. Separated buttocks to see anus.		
21. Asked client to take a deep breath.		
22. Inserted tubing gently 2-4" into rectum. (Did not force tubing. Removed tubing if felt resistance. Reported to nurse for further client assessment.)		
23. Checked to see how much solution was in the bag.		
24. Unclamped tubing and administered solution slowly.		
25. Asked client to take slow deep breaths.		
26. Clamped tubing if client complained of abdominal pain, desire to defecate, or began to expel solution. Unclamped when symptoms subsided.		
27. Continued giving enema until at least 750 ml had been given, or when client unable to tolerate procedure.		
28. Clamped tubing before it was empty of solution.		
29. Held several thicknesses of toilet tissue around tubing and anus.		
30. Withdrew tubing from rectum. Discarded soiled tissue into bedpan.		
31. Wrapped tip of tubing with paper towels.		

LEVEL III - PERSONAL CARE

15. ADMINISTER ENEMA (Cleansing - SSE) (Continued)

	Date Attempted	Date Completed
Demonstration		
32. Removed and discarded gloves.		
33. Placed client on bedpan and elevated head of bed (if able). Or assisted client to bathroom or bedside commode.		
34. Left room if safe to leave client. Remained close by to assist client if s/he calls. (Reminded client not to flush toilet.)		
35. Washed hands.		
36. Returned to room upon client's request.		
37. Put on disposable gloves.		
38. Observed enema results for amount, color, consistency and odor.		
39. Assisted client in cleaning perineal area.		
40. Helped client wash hands.		
41. Cleaned bedpan or commode.		
42. Removed waterproof bed protector. Changed bed linens if soiled and returned top linens to proper position.		
43. Made sure client was comfortable. Ensured client safety in bed or chair.		
44. Lowered bed to lowest position (if applicable).		
45. Cleaned equipment and stored in proper place.		
46. Removed gloves and washed hands.		
47. Reported and recorded procedure and observations according to agency policy.		

Signature of Competency Evaluator

Date

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Date

LEVEL III - PERSONAL CARE

16. INSERT RECTAL TUBE/FLATUS BAG

Aide must meet ____ out of 23 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Explained procedure.		
2. Washed hands.		
3. Collected equipment: a. Disposable rectal tube with flatus bag b. Water-soluble lubricant c. Disposable gloves	d. Tissues e. Paper towels f. Tape	
4. Provided privacy.		
5. Raised bed to level appropriate for good body mechanics (if able).		
6. Put on disposable gloves.		
7. Lowered side rail (if applicable) and positioned client in left Sim's position.		
8. Exposed anal area.		
9. Lubricated tip of rectal tube with water-soluble lubricant. Lubricated 2-4" from the tip.		
10. Separated the buttocks so anus could be seen.		
11. Asked client to take a deep breath through the mouth.		
12. Inserted tube gently 2-4" into the rectum while client exhaling. Taped rectal tube to the buttocks (unless contraindicated).		
13. Positioned flatus bag so it rested on the bed and covered the client.		
14. Left tube in place for 20 minutes.		
15. Lowered bed to lowest horizontal position (if applicable) and left room.		
16. Removed gloves and washed hands.		

LEVEL III - PERSONAL CARE

16. INSERT RECTAL TUBE/FLATUS BAG (Continued)

Demonstration	Date	Date
	Attempted	Completed
17. Returned to room in 20 minutes. Washed hands and put on gloves.		
18. Removed rectal tube and placed on paper towel.		
19. Asked client about amount of gas expelled.		
20. Assisted client with washing perineal area (if necessary).		
21. Disposed of rectal tube and bag according to agency policy.		
22. Removed and discarded gloves and washed hands.		
23. Reported and recorded date, time, degree of relief and client reaction to procedure.		

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Date

LEVEL III - PERSONAL CARE

17. BLADDER/BOWEL RETRAINING

Aide must meet ____ out of 9 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date	Date
	Attempted	Completed
1. Discussed with client what s/he knows about bladder (bowel) retraining and if s/he wants assistance with this procedure. (If client cooperated, proceeded with retraining.)		
2. Recorded client's incontinence times, based on observed experience or client's report.		
3. Reviewed with client/family the procedure to follow so that it could be maintained in aide's absence.		
4. Provided client the opportunity to void: a. Offered bedpan or assisted to bathroom one hour before times when incontinence had been known to occur. (See Step #2.) b. Nocturnal incontinence for male: left urinal in easily accessible spot; awakened client one hour before noted incontinence times.		
5. Fluid control with physician approval: a. Forced fluids during the daytime hours b. Restricted fluids at night c. Assisted client with fluid control only if on the service plan d. Observed for signs of dehydration		
6. Provided proper positioning of client during elimination: a. Sat client upright, with hips and knees flexed, and feet flat for support. (If client able to sit on bedside commode or on bedpan placed on edge of bed, have feet resting on a footstool.) b. Used a raised toilet seat, if more comfortable for client. c. Provided support for male client while standing to void. d. Padded the bedpan or used a "fracture" pan if client had to remain in bed during elimination.		
7. Provided some or all of the following stimuli to help start the flow of urine and completely empty the bladder: a. Offered a glass of water to drink. b. Poured a measured amount of water over the perineum. c. Ran water in the sink so the client could hear it.		

LEVEL III - PERSONAL CARE

17. BLADDER/BOWEL RETRAINING (Continued)

Demonstration	Date Attempted	Date Completed
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- | | | |
|--|--|--|
| d. Helped client to lean forward. Gently stroked the inner thigh, or tickled the side of the urinary meatus with a wisp of cotton. | | |
| e. Encouraged the resident to bear down at the end of voiding to completely empty the bladder. | | |
| f. Placed the client's hand in water. | | |

8. Assisted client with washing perineal area immediately after an incontinent episode. Provided a fine dusting of non-perfumed powder or a cream as prescribed by a physician to prevent excoriation.

9. Reinforced bladder exercises according to service plan.

NOTE: Providing regularity to daily activities is the key to bowel retraining. Bowel retraining is often a matter of providing a proper diet, exercise, accessibility to the lavatory. Proper position and guardrails for support increase the feeling of security. Privacy and an unhurried atmosphere are extremely helpful

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LEVEL III - PERSONAL CARE

18-A. COLLECT/TEST URINE SPECIMEN

Aide must meet ___ out of 23 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
1. <u>Explained procedure.</u>		
2. <u>Washed hands and put on gloves.</u>		
3. <u>Collected equipment:</u> a. <u>Clean bedpan, urinal, or specimen pan</u> b. <u>Specimen container and lid</u> c. <u>Label</u>		
4. <u>Wrote client's name and other identifying information on label.</u> <u>Put label on container.</u>		
5. <u>Provided privacy. Asked client to cleanse area before voiding.</u>		
6. <u>Asked client to urinate in appropriate receptacle. Cautioned client not to put toilet tissue in bedpan or specimen pan.</u>		
7. <u>Poured urine into specimen container until it was about three-fourths full.</u> <u>Disposed of excess urine.</u>		
8. <u>Placed lid on specimen container.</u>		
9. <u>Cleaned specimen pan or bedpan.</u>		
10. <u>Helped client to wash hands.</u>		

TESTING URINE KETO-DIASTIX

11. <u>Collected equipment:</u> a. <u>Urine specimen (Properly labeled)</u> b. <u>Keto-Diastix</u> c. <u>Wristwatch</u>		
12. <u>Read bottle to be sure of correct strips for the test to be done.</u> <u>Read directions for testing before proceeding.</u>		

LEVEL III - PERSONAL CARE

18-A. COLLECT/TEST URINE SPECIMEN (Continued)

Demonstration	Date Attempted	Date Completed
13. Checked for correct name on urine specimen container.		
14. Washed hands and put on gloves.		
15. Removed strip from bottle and dipped into urine specimen.		
16. Removed strip from urine after 2 seconds (unless otherwise directed).		
17. Tapped edge of strip gently against specimen container.		
18. Waited 15 seconds. Compared strip with color chart on bottle for ketones. Read the results.		
19. Compared the strip with the color chart for glucose after 30 seconds. Read the results.		
20. Discarded equipment and urine specimen.		
21. Cleaned equipment.		
22. Removed and discarded gloves and washed hands.		
23. Recorded and reported results according to agency policy.		

Signature of Competency Evaluator	Date
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LEVEL III - PERSONAL CARE

18-B. COLLECTING A STOOL SPECIMEN

Aide must meet ___ out of 19 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Explained procedure.		
2. Washed hands and put on gloves.		
3. Collected equipment: a. Bedpan and cover b. Urinal c. Tongue blade d. Specimen pan, if client can use the commode e. Toilet tissue f. Specimen container and lid g. Label h. Disposable bag		
4. Labeled container with client's name and other identifying information required.		
5. Provided privacy.		
6. Offered bedpan, urinal or commode if client has to void first. Discard urine and reposition client on bedpan or commode.		
7. If client can use the commode, placed specimen pan in toilet under seat.		
8. Asked client not to put toilet tissue in the bedpan, commode, or specimen pan.		
9. Removed gloves, washed hands and left room.		
10. Returned to room when client requested.		
11. Washed hands and put on gloves.		
12. Used tongue blade to take out 2 T. of feces from bedpan or specimen pan and put in specimen container.		
13. Put lid on specimen container. Did not touch inside of lid or container.		
14. Did not contaminate outside of container with stool.		

LEVEL III - PERSONAL CARE

18-B. COLLECTING A STOOL SPECIMEN (Continued)

Demonstration		Date Attempted	Date Completed
15.	Emptied, cleaned, and disinfected bedpan or specimen pan. Helped client wash hands.		
16.	Removed and discarded gloves and washed hands.		
17.	Made sure client was comfortable.		
18.	Placed specimen container in disposable bag (if policy of agency) and took or sent specimen to laboratory promptly.		
19.	Reported and recorded observations to nurse according to agency policy.		

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

19-A. GIVING PERINEAL CARE (FEMALE)

Aide must meet ___ out of 26 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Explained procedure.		
2. Washed hands and put on disposable gloves.		
3. Collected equipment: a. Washable (bath) blanket b. Disposable gloves c. Bed protector d. Washcloth (cottonballs) e. Disposable bag f. Bedpan and cover (if used by client) g. Liquid soap or soap dish with soap h. Basin with warm water (100 - 105 degrees F.) I. Towel		
4. Arranged equipment on table.		
5. Provided privacy.		
6. Raised bed to level appropriate for good body mechanics (if able). Assured safety of client with proper use of side rails (if available).		
7. Covered client with washable (bath) blanket.		
8. Positioned client on back with bed protector under buttocks.		
9. Offered bedpan to client. If used, removed the bedpan, covered, and placed on chair.		
10. Draped client: a. Positioned washable (bath) blanket with one corner between client's legs. b. Wrapped washable (bath) blanket around the client's far leg.		
11. Helped client flex knees and spread legs.		
12. Folded corner of washable (bath) blanket between client's legs onto her abdomen.		
13. Applied soap to washcloth.		

LEVEL III - PERSONAL CARE

19-A. GIVING PERINEAL CARE (FEMALE) (Continued)

Demonstration	Date Attempted	Date Completed
14. Separated labia. Cleaned downward from front to back with one stroke.		
15. Repeated steps 13 and 14 until area was cleaned.		
16. Rinsed perineum with a washcloth or cottonballs. Separated labia. Stroked downward from front to back. Discarded washcloth or cottonballs. Patted area dry with towel.		
17. Folded center corner of blanket back between client's legs.		
18. Helped client lower her legs and turn onto her side away from aide. Applied soap to a washcloth.		
19. Cleaned rectal area by washing from vagina to anus with one stroke. Discarded washcloth.		
20. Rinsed rectal area with washcloth. Discarded washcloth. Patted area dry.		
21. Positioned client so she was comfortable. Assured client's safety with side rails up and bed in lowest position (if applicable).		
22. Cleaned and stored equipment appropriately. Washed off table.		
23. Removed gloves and discarded.		
24. Returned top linens to proper position.		
25. Washed hands.		
26. Recorded and reported date, time, and observations to nurse according to agency policy.		

Signature of Competency Evaluator	Date
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Signature of In-Home Aide	Date
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LEVEL III - PERSONAL CARE

19-B. GIVING PERINEAL CARE (MALE)

Aide must meet ____ out of 27 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Explained procedure.		
2. Washed hands and put on disposable gloves.		
3. Collected equipment: a. Washable (bath) blanket b. Urinal (if used by client) c. Bed protector d. Paper towels e. Basin with warm water (100 - 105 degrees F.) f. Small package of cottonballs g. Bath towel h. Soap dish with soap or liquid soap I. Disposable bag		
4. Arranged equipment on table.		
5. Provided privacy.		
6. Raised bed to level appropriate for good body mechanics and assured safety of client with proper use of side rails (if available).		
7. Covered client with washable (bath) blanket.		
8. Positioned client on back with bed protector under buttocks.		
9. Offered urinal (or bedpan). If used, removed the urinal (or bedpan), covered, and placed on chair.		
10. Draped client: a. Positioned washable (bath) blanket with one corner between the legs. b. Wrapped washable (bath) blanket around the client's far leg. Draped near leg in same manner.		
11. Helped client flex knees and spread legs.		
12. Folded corner of bath blanket between client's legs onto abdomen.		
13. Applied soap to wet washcloth (cottonball).		

LEVEL III - PERSONAL CARE

19-B. GIVING PERINEAL CARE (MALE) (Continued)

Demonstration	Date Attempted	Date Completed
14. Retracted foreskin if client was uncircumcised. Grasped the penis.		
15. Cleaned tip of penis using a circular motion. Started at urethral opening and worked outward. Discarded washcloth (cottonball).		
16. Rinsed area with another washcloth (cottonball). Returned foreskin to natural position if client was uncircumcised.		
17. Cleaned shaft of penis with firm downward strokes. Rinsed area.		
18. Helped client flex legs and spread knees.		
19. Cleaned scrotum and rinsed well. Patted dry penis and scrotum.		
20. Folded corner of blanket back between client's legs. Helped client lower his legs and turn onto side away from aide.		
21. Cleaned rectal area. Rinsed area and dried well.		
22. Positioned client so he was comfortable. Assured client's safety with side rails up and bed in lowest position (if applicable).		
23. Cleaned and stored equipment appropriately. Washed off table.		
24. Removed gloves and discarded.		
25. Returned top linens to proper position.		
26. Washed hands.		
27. Recorded and reported date, time, and observations to nurse according to agency policy.		

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LEVEL III - PERSONAL CARE

20. REMOVE AND APPLY CONDOM CATHETER

Aide must meet ___ out of 16 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Explained procedure.		
2. Washed hands and put on disposable gloves.		
3. Provided privacy.		
4. Collected equipment: a. Basin of warm water b. Washcloth c. Condom with drainage tip d. Bed protector e. Washable (bath) blanket f. Plastic bag g. Tincture of benzoin h. Towel I. Paper towels		
5. Arrange equipment on table.		
6. Raised bed to level appropriate for good body mechanics and assured client's safety with proper use of side rails (if available).		
7. Covered client with washable (bath) blanket and fanfolded bedding to foot of bed. Placed bed protector under client's hips.		
8. Adjusted washable (bath) blanked to expose genitals only.		
9. Removed condom (sheath) by rolling toward tip of penis. Placed in plastic bag, if disposable. Placed on paper towels to be washed and dried, if reusable.		
10. Carefully washed and dried penis (see Level III Personal Care, Task 19-B). Observed for signs of irritation. Checked to see if condom has a "ready stick" surface. a. If not, sprayed a thin coat of tincture of benzoin to penis (according to service plan). b. Did not spray on head of penis. c. Let dry.		
11. Applied fresh condom and drainage tip to penis by rolling it toward base of penis. If the client was uncircumcised, was careful that the foreskin remained in good position.		
12. Reconnected drainage system.		

LEVEL III - PERSONAL CARE

20. REMOVE AND APPLY CONDOM CATHETER (Continued)

Demonstration		Date Attempted	Date Completed
13.	Removed gloves and discarded.		
14.	Adjusted bedding and positioned client for comfort.		
15.	Washed hands.		
16.	Reported and recorded date, time, and observations to nurse according to agency policy.		

Signature of Competency Evaluator	Date
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LEVEL III - PERSONAL CARE

21-A. TRANSFERRING A CONSCIOUS CLIENT FROM BED TO STRETCHER

Aide must meet ____ out of 20 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Put on gloves (if possible contact with blood or body fluids).		
3. Provided privacy.		
4. Explained procedure to client.		
5. Elevated the bed to the level of the stretcher.		
6. Lowered the side rails (where applicable). Moved the stretcher against and parallel to the bed. Locked the wheels of both stretcher and bed.		
7. Covered the client with a bath (washable) blanket and fanfolded the bedding to the foot of the bed.		
8. With one person beside the stretcher and the other person on the opposite side of the bed, assisted the client to move onto the stretcher. (If using one person transfer technique, raised the opposite side rail and stood beside the stretcher to brace.) Provided adequate blankets for warmth.		
9. Secured the stretcher restraint and raised the side rails of the stretcher.		
10. Transported the client to the desired destination. Did not leave client unattended. (Followed steps 18-20).		

USING A TURNING SHEET OR DRAWSHEET:

11. Followed steps 1-7 above; then		
12. With one person beside the stretcher and the other person on the opposite side of the bed, rolled the sheet to the edges of the client's body.		
13. Placed one arm under the client's shoulders while grasping the turning sheet/drawsheet with the other.		

LEVEL III - PERSONAL CARE

21-A. TRANSFERRING A CONSCIOUS CLIENT FROM BED TO STRETCHER (Continued)

Demonstration	Date Attempted	Date Completed
14. At an agreed upon signal, lifted the turning sheet/drawsheet and slid the client onto the stretcher.		
15. Positioned client comfortably on the stretcher. Provided adequate blankets for warmth.		
16. Secured the stretcher restraint and raised side rails of the stretcher.		
17. Transported client to the desired destination. Did not leave client unattended.		
18. At destination, reported to the appropriate person the client's identifying information and significant information that may have occurred during transport (i.e. client restlessness, confusion, C/O pain, etc.).		
19. Removed gloves (if applicable) and washed hands.		
20. Documented the time client was received at destination and client's response to the procedure.		

Signature of Competency Evaluator	Date
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LEVEL III - PERSONAL CARE

21-B. TRANSFERRING A CLIENT FROM BED TO CHAIR {Using a Gait (Transfer) Belt}

Aide must meet ____ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Put on gloves (if possible contact with blood or body fluids).		
3. Provided privacy.		
4. Explained procedure to client.		
5. Placed chair beside bed facing foot of bed on same side as client's strongest side.		
6. Used gait belt of the proper size.		
7. Assisted client into a sitting position by placing (assistant's) arm closest to the head of the bed around the client's shoulders, and the other arm under the client's knees. Slowly and smoothly pivoted the client toward the side of the bed to a sitting position. Remained facing the client to prevent a fall.		
8. Placed gait belt around client's waist. Slipped end of belt through serrated portion of clasp and then through metal buckle.		
9. Pulled belt through entirely and checked to be sure that belt was smooth and snug. Tested the fit of the belt by inserting fingers between belt and patient. (If putting gait belt around female client, checked to be sure that the belt was around the waist and not around the breasts.)		
10. Put on client's slippers or shoes.		
11. Assisted the client to stand by grasping the gait belt on either side as the client puts hands on the shoulders or upper arms of the assistant.		
12. Kept back straight and base of support broad while assisting client to a standing position.		
13. Pivoted client toward chair, checking the security of belt.		

LEVEL III - PERSONAL CARE

21-B. TRANSFERRING A CLIENT FROM BED TO CHAIR {Using a Gait (Transfer) Belt}

(Continued)

Demonstration	Date	Date
	Attempted	Completed
14. Continued to grasp belt as client sits. (If assisting client to ambulate, held firmly to gait belt with an underhand grasp.)		
15. Positioned client comfortably and safely in chair.		
16. Removed gloves (if applicable) and washed hands.		
17. Documented time of transfer (and/or ambulation) and client's response to procedure.		

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LEVEL III - PERSONAL CARE

21-C. LIFTING A CLIENT USING A MECHANICAL LIFT

Aide must meet ____ out of 23 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date	Date
	Attempted	Completed
1. Obtained assistance from a person approved (by supervisor) to help with the lifting and transferring of the client using a mechanical lift.		
2. Washed hands.		
3. Put on gloves (if possible contact with blood or body fluids).		
4. Provided privacy.		
5. Explained procedure to client.		
6. Checked mechanical lift, sling, straps and chains for frayed areas or poorly closing clasps. Did not use defective equipment and reported this to the supervisor.		
7. Placed a chair at right angles to the foot of the bed, facing the head (if using wheelchair, locked wheels).		
8. Elevated the bed (if possible) to a comfortable working height. Locked the wheels of the bed. Lowered the nearest side rail. Rolled the client toward assistant.		
9. Positioned sling(s) beneath the client's body behind the shoulder, thighs and buttocks, smoothing sling while positioning it under client.		
10. Rolled the client back onto the sling and positioned properly under shoulders and hips.		
11. Positioned the lift frame over the bed with legs in maximum open position and locked.		
12. Attached suspension straps to sling. Checked fasteners for security.		
13. Attached suspension straps to the frame. Positioned the client's arms inside the straps.		
14. Secured restraint straps, if needed.		

LEVEL III - PERSONAL CARE

21-C. LIFTING A CLIENT USING A MECHANICAL LIFT (Continued)

Demonstration	Date Attempted	Date Completed
15. Talked to the client while slowly lifting the client free from the bed.		
16. Gently guided client's legs and shoulders until client was in a sitting position.		
17. Guided the lift away from the bed.		
18. Positioned the client close to the chair.		
19. The second assistant held the sling and helped lower the client slowly into the chair. Made sure that client's hands and feet were in proper positioning.		
20. Unhooked suspension straps and removed lift.		
21. Positioned client comfortably and safely in chair, providing protector pads at pressure points on body.		
22. Removed gloves (if applicable) and washed.		
23. Documented time and client's response to procedure.		

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Date

LEVEL III - PERSONAL CARE

22-A. MOVING A CLIENT UP IN BED USING A TURNING SHEET

Demonstration	Date Attempted	Date Completed
1. Obtained assistance from a person approved (by supervisor) to help.		
2. Washed hands.		
3. Put on gloves (if possible contact with blood or body fluids).		
4. Provided privacy.		
5. Explained procedure to client.		
6. Raised bed to a level appropriate for proper body mechanics and locked wheels (if applicable).		
7. Lowered head of bed to level appropriate for client (if applicable).		
8. Placed pillow against headboard.		
9. Stationed self on one side of bed, helper on other side (For steps 10-15).		
10. Lowered side rails (if applicable).		
11. Assumed a broad stance with feet about 12" apart. Pointed foot closest to the head of the bed toward the head of the bed and faced that direction.		
12. Rolled sides of turning sheet up close to the client's body.		
13. Grasped rolled-up turning sheet firmly near shoulders and buttocks.		
14. While using proper body mechanics (hips and knees bent, back straight), slid client up in bed on count of three.		
15. Unrolled turning sheet.		
16. Placed pillow under client's head and shoulders. Straightened linens.		

LEVEL III - PERSONAL CARE

22-A. MOVING A CLIENT UP IN BED USING A TURNING SHEET (Continued)

Demonstration		Date Attempted	Date Completed
17.	Made sure client was comfortable and in good body alignment.		
18.	Raised side rails, lowered bed to lowest horizontal level and elevated head of bed to level appropriate for client (if applicable).		
19.	Removed gloves (if applicable).		
20.	Washed hands.		

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LEVEL III - PERSONAL CARE

22-B. POSITIONING ON SIDE (Turning Client Toward You)

Aide must meet ____ out of 15 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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1. Washed hands.
2. Put on gloves (if possible contact with blood or body fluids).
3. Provided privacy.
4. Explained procedure to client.
5. Starting with client on back, crossed the client's far leg over other leg.
6. Crossed the far arm over the client's chest. Bent the near arm at the elbow, bringing the hand toward the head of the bed.
7. Placed hand nearest the head of the bed on the client's far shoulder. Placed other hand on the client's hip on the far side. Braced thighs against the side of the bed.
8. Slowly rolled client toward her/him, bending knee of upper leg slightly.
9. Pulled up side rail (if applicable) or otherwise secured client's safety before going to other side of bed.
10. After moving to the other side of bed, placed hands under the client's shoulders and then the hips. Pulled client toward the center of the bed.
11. Made sure that the client's body was properly aligned and safely positioned.
12. Placed a pillow behind the client's back. Secured it by pushing the near side under the client to form a roll.
13. Positioned the legs, supporting them with pillows between the knees and ankles. (If client has an indwelling catheter, made sure the tubing was not between the legs.) Checked to see that client is comfortable.
14. Removed gloves (if applicable) and washed hands.
15. Documented time, position changed, and client's response to procedure.

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LEVEL III - PERSONAL CARE

23-A. APPLYING MITT RESTRAINTS

Aide must meet ____ out of 12 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. 2 mitt restraints b. 2 washcloths (for hand roll) c. Tape		
3. Made a hand roll with washcloths.		
4. Checked service plan for approval to use mitt restraints with client.		
5. Explained procedure to client.		
6. Made sure client's hands were clean and dry.		
7. Gave client a handroll to grasp.		
8. Applied mitt restraint.		
9. Provided client with a call signal method (e.g. bell, telephone etc.) within reach.		
10. Washed hands.		
11. Removed restraint and repositioned at least every two hours, according to service plan.		
12. Documented time and client's response to procedure.		

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Date

LEVEL III - PERSONAL CARE

23-B. APPLYING A VEST (JACKET) SUPPORT

Aide must meet ____ out of 18 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Checked that vest support is in a size appropriate for the client.		
3. Checked service plan for approval to put vest support on client.		
4. Explained procedure to client.		
5. Assisted client to a sitting position.		
6. Slipped arms of client through the armholes of the vest support. Vest restraint should cross in front.		
7. Smoothed any wrinkles seen in front or back of vest support.		
8. Helped client to lie down.		
9. Brought ties through the slots.		
10. Made sure client was comfortable and in good body alignment.		
11. Tied straps to the bed frame using a half-bow knot. (If the head of the bed elevates up and down, tied the knot to the frame of the bed that elevates.)		
12. Left space for width of two finger to slip between the vest support and the skin.		
13. Left call signal within reach.		
14. Washed hands.		
15. Documented date, time and client's response to the procedure.		
16. Checked client every 15 minutes for comfort needs, fluids, toileting, and eating.		

LEVEL III - PERSONAL CARE

23-B. APPLYING A VEST (JACKET) SUPPORT (Continued)

Demonstration		Date Attempted	Date Completed
17.	Untied the vest support every two hours and checked for irritation or poor circulation. Documented date, time, and observations.		
18.	Repositioned client every one to two hours to prevent skin breakdown, or as directed by the service plan.		

Signature of Competency Evaluator	Date
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LEVEL III - PERSONAL CARE

23-C. APPLYING A SAFETY BELT

Aide must meet ____ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
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1. Washed hands.
2. Checked that safety restraint is in a size appropriate for the client.
3. Checked service plan for approval to apply safety belt to the client.
4. Explained procedure to client.
5. Assisted client to a sitting position.
6. Placed belt around front of client's waist. Brought ties to the back with free hand.
7. Smoothed any wrinkles in front or back of the restraint.
8. Brought the ties through the slots.
9. Helped client to lie down.
10. Made sure client was comfortable and in good body alignment.
11. Tied straps to the bed frame under mattress, chair or wheelchair using square knot.
12. Made sure call signal was within reach.
13. Washed hands.
14. Documented date, time, and client response to procedure.
15. Checked client every 15 minutes for comfort needs, fluids, toileting, and eating
16. Untied the safety belt every two hours and checked for irritation or poor circulation. Documented date, time, and observations.
17. Repositioned client every one to two hours to prevent skin breakdown or as directed by the service plan.

Signature of Competency Evaluator	Date
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LEVEL III - PERSONAL CARE

24. CHANGE NON-STERILE (CLEAN) DRESSING

Aide must meet ___ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration		Date Attempted	Date Completed
1.	Collected equipment: a. 6-8 4x4 gauze pads b. Nonallergenic tape c. Disposable plastic bag d. Hydrogen peroxide or cleaning agent (according to service plan)	e. Disposable gloves f. Note pad and pen g. Antibiotic ointment (according to service plan)	
2.	Washed hands.		
3.	Explained procedure to client.		
4.	Maintained good body mechanics while preparing and changing dressing.		
5.	Positioned client comfortably; exposed only the area to be dressed.		
6.	Opened package of gauze pads without touching the pads. Placed supplies within easy reach. Opened bottle of cleaning solution and tube of ointment.		
7.	Put on gloves.		
8.	Loosened tape around dressing. With one hand, removed used dressing. With other hand, poured a small amount of hydrogen peroxide over the dressing to help loosen it if it did not lift off easily. Handled area gently.		
9.	Discarded used dressing in waste bag.		
10.	Dampened clean gauze with hydrogen peroxide. Did not allow the bottle to touch the gauze.		
11.	With one straight stroke, wiped from center of wound outward. Dropped used gauze pad into bag. Did not put hand inside of bag. Used cleaned, moistened gauze pad for each stroke. Cleaned entire area.		
12.	If ointment was used, placed proper amount on center of opened gauze pad. Placed pad over wound and taped in place. Left edges of gauze pad free.		

LEVEL III - PERSONAL CARE

24. CHANGE NON-STERILE (CLEAN) DRESSING (Continued)

Demonstration		Date Attempted	Date Completed
13.	Removed gloves and discarded in waste bag. Closed bag and discarded in designated container.		
14.	Wiped off equipment (e.g. hydrogen peroxide bottle, ointment container, scissors, etc.).		
15.	Washed hands.		
16.	Replaced equipment in proper storage area away from children, etc.		
17.	Documented date, time, observations of wound (e.g. redness, drainage, swelling, foul odor, etc.), and client's response to procedure.		

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LEVEL III - PERSONAL CARE

25. FORCE AND RESTRICT FLUIDS

Aide must meet ____ out of 12 of the numbered steps in order to be considered competent in this skill.

	Date Attempted	Date Completed
Demonstration		

Force Fluids

1. Checked service plan to determine how much fluid client should ingest and what types of fluids are designated (e.g. full liquids, clear liquids, etc.).

2. Identified correctly the amount of fluid contained in glasses and serving dishes that client uses.

3. Determined how often to offer fluids to client in order to ensure adequate hydration (see service plan).

4. Encouraged water by replacing water frequently and placing within the client's reach.

5. Developed a schedule to offer and assist the client who was physically and/or mentally unable to initiate picking up the glass.

6. Provided ice, if client preferred and was not detrimental to the client's physical condition.

7. Recorded amount of fluid ingested and reported to supervisor immediately if client was not drinking the amount of fluids required in the service plan.

Restrict Fluid Intake

8. Determined how much fluid may be ingested per hour during waking hours. (Reviewed service plan for amount allowed per 24 hours, etc.)

9. Offered the client the correct amount of fluid and observed and recorded the amount consumed correctly.

10. Discouraged client from drinking more than amount of fluid or the type of fluid allowed (i.e. clear liquids, etc.).

11. Withheld fluids for hours stated on the service plan. Explained procedure to client and then removed glass and/or dishes from reach of client.

12. Documented client's compliance to fluid intake or restriction orders.

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LEVEL III - PERSONAL CARE

26-A. APPLY PRESCRIBED HOT COMPRESSES

Aide must meet ____ out of 21 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Checked service plan before performing procedure.		
2. Washed hands and put on gloves.		
3. Collected equipment: a. Basin b. Plastic wrap c. Ties, tape or rolled gauze d. Bath towel e. Waterproof bed protector f. Small towel, washcloth or gauze		
4. Provided privacy.		
5. Explained procedure to client.		
6. Placed waterproof bed protector under the body part that is to receive compress.		
7. Filled basin one-half to two-thirds full with hot water.		
8. Placed compress in the hot water.		
9. Wrung out the compress.		
10. Observed and noted any skin redness, bruising, lacerations, edema, abrasions, etc.		
11. Applied compress to specified area. Noted time of application.		
12. Covered compress with the plastic wrap quickly. Then covered with the bath towel.		
13. Secured the towel in place with ties, tape or rolled gauze.		
14. Provided a call signal within reach.		

LEVEL III - PERSONAL CARE

26-A. APPLY PRESCRIBED HOT COMPRESSES (Continued)

Demonstration	Date Attempted	Date Completed
15. Checked area every 5 minutes. Checked for redness, and patient complaints of pain, discomfort, or numbness. Removed compress if any of these occurred. Reported observations to nurse immediately.		
16. Changed compress if cooling occurred.		
17. Removed compress after 20 minutes. Patted dry with a towel (unless contraindicated.)		
18. Made sure client was comfortable, side rails up (if applicable) and call signal was within reach.		
19. Cleaned and stored equipment.		
20. Removed gloves and washed hands.		
21. Documented and reported the time, site and length of the application, skin, and the client's response to the procedure.		

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LEVEL III - PERSONAL CARE

26-B. APPLYING COLD COMPRESSES

Aide must meet ____ out of 15 of the numbered steps in order to be considered competent in this skill.

	Date	Date
Demonstration	Attempted	Completed

1. Washed hands and put on gloves.

2. Collected equipment:

a. Large basin with ice	d. Waterproof pad
b. Small basin with cold water	e. Bath towel
c. Gauze squares, washcloths or towels	

3. Explained procedure to client.

4. Placed small basin with cold water into large basin with ice.

5. Placed compresses into cold water.

6. Placed waterproof bed protector under the body part that is to receive compress.

7. Wrung out compress.

8. Applied cold compress to specified area and noted time of application.

9. Checked area every 5 minutes for: blisters, pale, white or gray skin, cyanosis, pain, or burning. Removed compress if any of these occurred. Reported observations to nurse.

10. Changed compress when it became warm.

11. Removed compress after 20 minutes.

12. Patted area dry with bath towel (if applicable).

13. Made sure client was comfortable with side rails up (if applicable) and call signal within reach.

14. Removed gloves and washed hands.

15. Documented and reported the time, site, location, and/or cyanosis, and the client's response to the procedure.

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LEVEL III - PERSONAL CARE

27. CARE OF A NON-INFECTED DECUBITUS ULCERS

Aide must meet ___ out of 17 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands.		
2. Collected equipment: a. Clean wash basin with warm water b. 4x4 gauze pads c. Skin cleansing agent d. Disposable gloves e. Towel or bed protector pad f. Plastic trash bag g. Heat lamp (if ordered)		
3. Put on gloves used for cleaning.		
4. Washed, disinfected and rinsed basin well. Filled with warm water. Removed cleaning gloves.		
5. Explained procedure to client.		
6. Washed hands.		
7. Opened packaged 4x4 gauze and dropped into warm water without touching the gauze with hands or objects or surfaces.		
8. Put on disposable gloves.		
9. Placed bed protector pad under area of body being cleaned.		
10. Exposed non-infected ulcerated area.		
11. Removed gauze from water (one at a time) and gently cleansed affected area starting at the center of the ulcer and washed outwardly. (May squeeze water out of gauze and allow to run over the area to be cleansed.)		
OR		
11. Placed area to be cleansed in the basin of water and used gauze to gently wipe affected area.		
12. After cleansing, dried affected area with clean gauze.		
13. Inspected area for further skin break-down, drainage, etc.		

LEVEL III - PERSONAL CARE

27. CARE OF A NON-INFECTED DECUBITUS ULCERS (Continued)

Demonstration		Date Attempted	Date Completed
14.	Placed a clean dressing or pressure sore protector (e.g. heel protectors, etc.) over affected area and/or as ordered by the plan of care (e.g. heat lamp treatment, etc.)		
15.	Positioned client comfortably and safely so that pressure was not exerted on affected area.		
16.	Removed gloves and washed hands.		
17.	Documented date, time, observations and client's response to procedure. Reported observations to supervisor.		

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LEVEL III - PERSONAL CARE

28. VAGINAL DOUCHES

Aide must meet ____ out of 28 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Checked service plan before performing task.		
2. Washed hands.		
3. Collected equipment: a. Disposable douche kit b. 1000 ml. of irrigation solution c. Bath blanket d. Bedpan e. Equipment for perineal care	f. Toilet tissue g. Waterproof pad h. Disposable gloves i. IV pole or hook j. Water pitcher	
4. Explained procedure. (Asked client to urinate.)		
5. Washed hands and put on disposable gloves.		
6. Warmed irrigation solution to 105 degrees F.		
7. Covered client with blanket.		
8. Assisted client to assume a back-lying position. Draped her with blanket as for perineal care.		
9. Placed waterproof pad under buttocks.		
10. Provided perineal care.		
11. Washed gloved hands.		
12. Positioned client on bedpan.		
13. Clamped irrigation tubing. Poured solution into irrigation container.		
14. Hung the irrigation container from IV pole or hook. Container should be 12" above level of vagina.		
15. Positioned nozzle over vulva. Unclamped the tubing. Allowed some of solution to run over perineal area.		

LEVEL III - PERSONAL CARE

28. VAGINAL DOUCHES (Continued)

	Date Attempted	Date Completed
Demonstration		
16. Inserted nozzle 3-4 inches into vagina. Rotated nozzle gently during procedure.		
17. Clamped tubing when irrigation container emptied. Removed nozzle from vagina.		
18. Placed tubing in irrigation container.		
19. Assisted client to sit up on bedpan.		
20. Helped client lie down again.		
21. Removed the bedpan. Dried perineal area.		
22. Removed waterproof pad. Changed any damp linen.		
23. Assisted client to a comfortable and safe position.		
24. Removed blanket and replaced top linens.		
25. Assured that call signal was in place.		
26. Took bedpan into bathroom. Emptied and cleaned bedpan.		
27. Removed gloves and washed hands.		
28. Recorded the date, time, amount, type, temperature of solution, character of return solution and client's response to procedure.		

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LEVEL III - PERSONAL CARE

29. ASSISTED WITH PRESCRIBED PHYSICAL/OCCUPATIONAL THERAPY

Aide must meet ____ out of 7 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Washed hands. Put on disposable gloves, if appropriate.		
2. Reviewed care plan for prescribed therapy.		
3. Assisted and encouraged client with following prescribed therapy.		
4. Checked equipment used by client for safety. Reported faulty equipment.		
5. Client and aide used proper body mechanics while doing and assisting with prescribed therapy.		
6. Demonstrated correct procedure for the therapy prescribed (e.g. using a walker, cane, ROM, etc.).		
7. Reported to the supervisor date, time, observations, and client's response to prescribed therapy.		

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LEVEL III - PERSONAL CARE

30. POST MORTEM CARE IN THE HOME

Aide must meet _____ out of 14 numbered steps in order to be competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Removed all pillows except one under the head.		
2. Put on disposable gloves.		
3. Bathed the body, removing secretions; reinforce dressings.		
4. Dressed body according to family's wishes.		
5. Placed dentures in the mouth, if possible.		
6. Closed the eyes, but did not press on the eyeballs.		
7. Kept the body flat on its back, straightening the arms and legs.		
8. Moved the body gently to avoid bruising.		
9. Checked with the family regarding any jewelry the client may be wearing.		
10. Folded the arms over the abdomen.		
11. Checked with supervisor about the removal of catheters, etc.		
12. After the body has been removed, cleaned and aired the bedroom.		
13. Placed personal items carefully at bedside.		
14. Assisting grieving family by answering telephone, preparing food or drink, and/or sitting with the family.		

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LEVEL III - PERSONAL CARE

31. DEMONSTRATING A SKILL

Aide must meet ___ out of 7 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. Identified/selected a skill or activity that a client/ family is handling poorly from the service plan (e.g. comparison shopping, bathing).		
2. Told client there is another way to handle that task and offered to demonstrate. (Either gets client's permission or intervenes directly in a high risk situation.)		
3. Asked client to observe.		
4. Explained steps in task as they are being demonstrated AND/OR tells why doing task in particular way.		
5. Asked client if (s)he has questions or feelings about the demonstration. Discussed outcome and reactions with client.		
6. Asked client if (s)he would like to learn the skill, or if (s)he already feels capable of trying it out.		
7. Praised client for any interest shown, questions asked, etc.		

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LEVEL III - PERSONAL CARE

32. REINFORCING A SKILL

Aide must meet ____ out of 7 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. Identified/selected the skill/task from the service plan that aide would like the client to perform (e.g. preparing a meal for special diet, changing a non-sterile dressing).		
2. Asked the client if (s)he is ready to perform the task; made sure the number of distractions was limited.		
3. Asked client to explain the steps in the task in order; praised correct steps; corrected as necessary.		
4. Asked client to perform task. Praised correct performance of each step. Demonstrated along with client for incorrect steps as they occur.		
5. Reviewed entire task with client and discussed any problems, reasons for them, and how to overcome. Praised overall effort and accomplishments.		
6. Discussed with client appropriate time(s) and frequency to perform that particular task.		
7. Asked client if (s)he needs any additional review of that task. If yes, sets a time.		

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LEVEL III - PERSONAL CARE

33. ASSISTING WITH MEDICAL APPOINTMENTS AND FOLLOW THROUGH

Aide must meet ___ out of 6 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date	Date
	Attempted	Completed
1. Reminded client of appointment in time to prepare for visit.		
2. If necessary, transported client to medical facility. (See "Providing Transportation" - Level I.)		
3. At client's request, sat in on consultation(s) with medical personnel, repeated instructions, and asked questions, as necessary. Asked for written instructions/explanations, as necessary.		
4. Reviewed instructions and procedures with client until client could follow them.		
5. At subsequent contacts checked to see if client followed through on instructions or procedures (e.g. use of medications, special diets, exercise regimens).		
6. Positively reinforced compliance; reviewed procedures when appropriate. Notified supervisor when client unable or unwilling to follow through.		

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LEVEL III - PERSONAL CARE

34. PLANNING AND PREPARING SPECIAL DIETS

Aide must meet ____ out of 6 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. Using special diet food chart or list appropriate to client's condition (e.g. heart disease, diabetes, specific allergy, etc.), prepared meal plan for three days, taking client preference into account.		
2. Identified foods in client's kitchen that were appropriate and inappropriate to the special diet. Identified appropriate substitutions for inappropriate or unavailable items.		
3. Prepared special diet food according to specific instructions.		
4. Reinforced client's understanding and consumption of special diet.		
5. Assisted client in evaluating his current diet and eating habits.		
6. Compared food needs and eating habits of infants, young children, adolescents, pregnant women, working men and women and elderly persons. Prepared sample menu for each group.		

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LEVEL III - PERSONAL CARE

35. COMPARISON SHOPPING AND CONSUMER PRACTICES

Aide must meet ____ out of 4 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. At grocery store (or using store price and weight labels), selected most cost effective brand and size (e.g. canned tomatoes), comparing at least three brands.		
2. Gave two or more reasons why the most cost effective selection might <u>not</u> be the best choice (e.g. salt content, client/family does not like taste, poor quality).		
3. In shopping for a specific item of clothing or linens, selected item that was best according to price, quality, and purpose.		
4. In shopping for a specific item of furniture or an appliance, identified item that was best according to price, quality, purpose, and credit arrangement (preferably compared at least two store's options).		

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LEVEL III - PERSONAL CARE

36. MENU PLANNING, FOOD HANDLING AND COOKING

Aide must meet ___ out of 5 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date	Date
	Attempted	Completed
1. Planned and documented menus for three days (3 meals per day) which provide appropriate daily balance of food groups.		
2. Cleaned, divided, and stored fresh fruits, vegetables, and meats correctly to prevent spoilage and allow for long term use.		
3. Prepared a balanced meal including a: a. casserole b. cooked dessert		
4. Cooked a variety of foods illustrating ability to: a. bake b. broil c. boil d. microwave (if available)		
5. Prepared various types of leftover foods for storage: a. meats b. casseroles c. vegetables d. fruits e. breads f. desserts		

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LEVEL III - PERSONAL CARE

37. MONITORING/REINFORCING PROGRESS ON PROTECTIVE SERVICE GOALS

Aide must meet ____ out of 6 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date</u>	<u>Date</u>
	<u>Attempted</u>	<u>Completed</u>
1. Checked health/physical condition identified on plan of person(s) who had been neglected or abused. Checked to see that resources (e.g. food, medications, supplies) of exploited person are adequate and that bills have been paid. Recorded observations.		
2. Asked client/family for verbal review of activities/accomplishments related to service plan since last aide visit. Praised positive steps. Did problem-solving/planning with client/family when progress was minimal or negative.		
3. Helped client/family practice new behavior related to goals.		
4. Observed interactions between identified significant persons during visit. Recorded observations.		
5. Provided assigned supportive activities to carry out plan (e.g. transportation to doctor, shopping, money management, linkage with school, etc.).		
6. Reported observations relevant to service plan and client/family progress frequently (or immediately, if critical) to supervisor or primary professional service worker.		

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